



Dam Safety Inspection Form

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1271
(503) 986-0900

Name of Dam: BARVES BUTTE File #: B-38
 Height: 28 ft. Storage: 420 ac. ft. Permit: B-1734 NID #: OR- 00 284
 Hazard: Low Significant High Inspector(s): MICHAEL STACEY, GIFFER District: 11
 Others on site: OWNER
 Date: 3/15/2017 Temperature: °F Dry Rain Snow Now Recently
 Prior Inspection Date: _____ Issues from prior inspection: LOW SPOTS, SPILLWAY CAPACITY?

Rating Criteria: 5-Exemplary; 4-Adequate 3-Maintenance or minor repair needed

2-Serious repair needed; 1- Urgent dam safety issue - action now - Contact owner and dam safety directly

General	Rating
Structures below dam	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Request Dam Safety review of hazard rating
Types of structures	Dwelling ____ feet Paved public road ____ feet Other building ____ feet
Vehicle access	<input type="checkbox"/> All weather road <input checked="" type="checkbox"/> Dirt road <input type="checkbox"/> Cross country
Detail:	

Reservoir	Pool level: <u>3.45</u>	Point of Reference: <input type="checkbox"/> Crest <input type="checkbox"/> Gage _____	Rating
Minimum freeboard	Vertical distance from debris line to lowest place on crest <u>3.10</u> ft.		<u>3-</u>
Debris	<input type="checkbox"/> Floating Debris/Trash <input type="checkbox"/> Log Boom <input type="checkbox"/> Unusual Conditions		<u>—</u>
Detail:			

Spillway	Rating
<input checked="" type="checkbox"/> Earth <input checked="" type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Other	
Modifications <input checked="" type="checkbox"/> None <input type="checkbox"/> Reduction in capacity <input type="checkbox"/> Feature not on design	<u>—</u>
Approach Channel <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Trees/brush <input type="checkbox"/> Debris <input type="checkbox"/> Erosion	<u>4</u>
Control Section <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Rock <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Culvert <input type="checkbox"/> Unstable Width ____ Depth ____	<u>?</u>
Flashboards/Gate <input checked="" type="checkbox"/> None <input type="checkbox"/> In place <input type="checkbox"/> Operational <input type="checkbox"/> Deteriorated	<u>—</u>
Discharge Channel <input type="checkbox"/> Clear <input type="checkbox"/> Trees/brush <input type="checkbox"/> Leakage <input checked="" type="checkbox"/> Headcutting (____ feet from spillway control section, depth ____ feet.)	<u>3+</u>
Stilling basin <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Functional <input type="checkbox"/> Minor Erosion <input type="checkbox"/> Severe Erosion/Undercutting	<u>—</u>
Aux. Spillway <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (use comments below)	<u>—</u>
Detail: <u>SPILLWAY CAPACITY ANALYSIS WILL BE DONE</u>	

Seepage/Leakage	Rating
Serious conditions <input type="checkbox"/> Leakage <input type="checkbox"/> Piping <input type="checkbox"/> Discolored water <input type="checkbox"/> Boils	<u>—</u>
Locations* <input type="checkbox"/> Center <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Around pipe <input type="checkbox"/> On dam _____	<u>—</u>
Flow (gpm) <input type="checkbox"/> Wet vegetation <input type="checkbox"/> Spongy <input type="checkbox"/> Standing water <input type="checkbox"/> Flow _____ gpm	<u>—</u>
Toe drains <input type="checkbox"/> None <input type="checkbox"/> Working <input type="checkbox"/> Damaged	<u>—</u>
Detail: <u>NO SEEPAGE ON DAM, WET SPOT 40' BELOW DAM</u>	

Conduit	Control: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Other <input type="checkbox"/> Conduit Control missing	Rating
Inlet	<input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Debris on Trash Rack <input type="checkbox"/> Deterioration	—
Trickle tube	<input checked="" type="checkbox"/> None <input type="checkbox"/> Screened <input type="checkbox"/> Blockage <input type="checkbox"/> Deterioration	—
Control/Stem	<input checked="" type="checkbox"/> Operable <input type="checkbox"/> Damaged <input type="checkbox"/> Missing	5
Valve(s) cycling	<input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> Past year <input checked="" type="checkbox"/> Frequent	4
Pipe	Diameter/Size: _____ Material <u>STEEL</u> Condition _____	4
Primary outlet	<input checked="" type="checkbox"/> Overgrown <input type="checkbox"/> Clean <input type="checkbox"/> Pressurized <input type="checkbox"/> Leaking _____ gpm	3
Other outlet(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type(s) _____ Diameter(s) _____ in.	—
Detail:	<u>OUTLET IS OVERGROWN & WEEDS TO BE CLEARED</u>	

Structure of dam	<input checked="" type="checkbox"/> Earth <input type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Other	Rating
Distress	<input type="checkbox"/> Cracks - offset _____ in <input type="checkbox"/> Landslide(s) <input type="checkbox"/> Sinkhole(s) <input checked="" type="checkbox"/> Crest Settlement <input type="checkbox"/> Narrow crest <input type="checkbox"/> Wave erosion <input type="checkbox"/> Trampling <input type="checkbox"/> Surface erosion	3-
Locations*	<u>SEE LETTER</u>	—
Aux. dike (s)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> over 5	—
Animals	<input type="checkbox"/> Nutria <input checked="" type="checkbox"/> Badger Other _____ <input type="checkbox"/> Unknown <u>MAY BE A BADGER</u>	Rating
Burrows	<input checked="" type="checkbox"/> Observed max diameter <u>10</u> in max depth <u>8</u> ft <input type="checkbox"/> Trails	3
Locations*	<u>DOWNSTREAM FACE</u>	—
Vegetation		Rating
Cover	<input checked="" type="checkbox"/> Low grass <input type="checkbox"/> high grass <input type="checkbox"/> brush <input type="checkbox"/> blackberries <input type="checkbox"/> small trees <input type="checkbox"/> large trees	4
Locations*		—
Impairs inspection	<input type="checkbox"/> toe seepage <input type="checkbox"/> conduit outlet <input type="checkbox"/> spillway <input type="checkbox"/> upstream face <input type="checkbox"/> downstream face	—
Detail:	<u>PROVIDE MEASUREMENTS OF LOW SPOTS IN LETTER</u>	

*Locations – Upstream face, Crest, Downstream face, Left and Right abutments, Toe

Expedited Re-inspection Needed: Next Inspection Date: _____

Other Issues or Additional Detail Needed:
